

## NORTH CAROLINA DEPARTMENT OF JUSTICE CRIMINAL JUSTICE STANDARDS DIVISION

JOSH STEIN ATTORNEY GENERAL

## PO DRAWER 149 RALEIGH, NC 27602-0149 PHONE: (919) 661-5980 • FAX (919) 779-8210

JEFFREY SMYTHE DIRECTOR

Form F-7 (Rev. 10/22)

APPLICATION FOR AWARD OF CRIMINAL JUSTICE CERTIFICATE

FOR COMMISSION STAFF USE ONLY								
Received:	Processed:	Evalu	uating Official:					
Certified CJ Officer: Signed by Applicant:	<ul> <li>☐ Yes</li> <li>☐ No</li> <li>☐ Yes</li> <li>☐ No</li> </ul>		Time, Paid Officer:	<ul> <li>☐ Yes</li> <li>☐ No</li> <li>☐ Yes</li> <li>☐ No</li> </ul>				
<b>Points Computation</b>	I	s:						
Education Points:								
Training Points:								
Total Points:								
Years of Creditable Experien	ce:							
Recommended Issuance of:		☐ Intermediate		nced				
Applicant should complete this     Education and training <u>must</u> be <u>attached</u> to this application. Y documentation <u>must</u> be signed	form and forward to his e supported by copies of ears of full-time service i by either the Agency He e Training Coordinator sl	/her agency head for reco agency training records, on must be supported by doct and or Commission recogn hould forward the comple	official transcripts, diplomas, or umentation from the employing nized In-Service Training Coorc ted application and attachments	other verifying documents agency. All supporting linator.				
To Be Completed by Applicant								
Applicant Name:								
Rank/Title:		Date of Birth:	Last 4	of SS:				
Home Address:			State: Zip	Code:				
Personal Phone:		Email Address:						
Employing Agency:			Agency Phone:					
Mailing Address:			State: Zip	Code:				
Application for: ☐ Interme	diate Certificate	☐ Advanced C	Certificate					



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Insignia Preference (for <u>Advanced Certificate only</u>):  $\Box$  Uniform Bar ☐ Lapel Pin **Criminal Justice Experience:** List only permanent full-time, paid experience. Exclude reserve, part-time or sworn law enforcement experience. Out-of-state experience <u>must</u> be documented by original letter from previous agency head.

Agency Name & Location	Dates of Full-Time Employment	Highest Rank

**Criminal Justice Training:** Please <u>ATTACH</u> training documentation (i.e., certificates of completion, transcripts, agency training records). NOTE: If a certificate of completion does not indicate the number of contact hours for the training/certification course, please also provide a transcript or agency training record indicating the number of hours.

Acceptable Training Types:

- Commission-approved criminal justice trainings/certification courses.
- Departmental in-service training.
- Basic Correctional Officer Training (COB, PPO, JJO).

**Unacceptable Training Types:** 

- Non-criminal justice trainings/certification courses.
- Basic Law Enforcement Training.

Name of College

**College Education:** Must provide copy of official transcript(s) or diploma(s).

or In-Service Training Coordinator

Name of	Conege	Dates Attended	Tield of Study	Degree Awarded	Semester Hours
				1	
Attestation: I attest t	hat the information	on contained in this app	olication is true and	correct to the best of	my knowledge
recontion. I dicort		••		correct to the best or	my knowledge.
Date:	Signat	ure of Applicant:			
pplicant has complice ppinion is based upor	ed with the Comm	that the Certificate be ission's Regulations, i dge or inquiry, and the	s of good moral cha	racter and is worthy	of the award. My
ecommendation.					
Date	Printed N	ame of Agency Head		Signature	e

Dates Attended Field of Study

Degree Awarded | Semester Hours